

**THE CORPORATION OF THE TOWNSHIP OF CENTRE WELLINGTON**

**APPLICATION FOR CLEARANCE OF SEVERANCE CONDITIONS**

The undersigned hereby requests the Township of Centre Wellington to provide a clearance letter to the Wellington County Land Division Committee regarding the severance conditions applicable to the Township on Consent Application

B\_\_\_\_\_

The required application fee of \$133.00 is enclosed.

- It is the applicant's responsibility to ensure that all of the conditions are fulfilled and to demonstrate to the Township how they have been fulfilled (*failure to provide complete information may result in the Township requiring additional time to complete the clearance process for the application*).

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Received by the Township of Centre Wellington

\_\_\_\_\_  
Date

\_\_\_\_\_  
Municipal Employee